QUALITY STATEMENT

In accordance with the legislative mandate for quality management by the Ryan White (RW) HIV/AIDS Treatment Extension Act of 2009 and considering the 2020 National HIV/AIDS Strategy (NHAS), the Michigan Department of Health and Human Services (MDHHS), Division of HIV and STD Programs (DHSP), HIV Care and Prevention Section (HCPS) Quality Management (QM) Program is committed to establishing and maintaining coordinated and comprehensive service delivery across the HIV treatment care continuum by reducing gap and disparities, specifically aiming to increase medical retention and viral load suppression for people living with HIV/AIDS (PLWHA) in Michigan. The RW clinical quality management (CQM) legislative mandate guides the HCPS to ensure that services are consistent with the latest Health and Human Services (HHS) HIV treatment guidelines (http://aidsinfo.nih.gov/guidelines).

ANNUAL QUALITY GOALS

Based on the March 2017 Organizational Assessment results, HCPS developed the following annual quality goals:

1. Continue engagement of staff in quality improvement (QI) activities and provide training opportunities, as needed, to enhance knowledge, skills and methodology needed to fully implement QI work on an ongoing basis;
2. Continue communication of quality management plan (QMP) objectives, quality data, and evaluation results to key stakeholders (including planning bodies) and obtain their feedback;
3. Maintain some previous consumer involvement activities, and endeavor new, feasible opportunities to engage consumers and invite feedback of MDHHS RW Parts B and D Programs;
4. Strengthen HCPS and subrecipient commitment to and signify importance of the process of regularly evaluating QM infrastructure, performance measures, and QI activities; and
5. Continue to measure and review quality data via HHS performance measures, specifically viral load suppression, prescription of antiretroviral therapy, and gap in HIV medical visits.
QUALITY INFRASTRUCTURE

The following organizational chart depicts the leadership and supporting structure of MDHHS' RW Program.

[Diagram showing the structure of the MDHHS Integrated Ryan White Programs]

State of Michigan
Michigan Department of Health & Human Services
Population Health and Community Services Administration
Division of HIV and STD Programs (DHSP)

Operations Monitoring Unit
Sexually Transmitted Diseases (STD) Section

HIV Care and Prevention Section (HCPS)

HIV Epidemiology
MI Dental Program

Quality Assurance and Training Unit
Continuum of Care Unit
HIV Prevention, Intervention, and Evaluation Unit
MI Drug Assistance/Insurance Assistance Programs Unit

Ryan White Sub-recipients
Ryan White Clients

Data
Quality Management
Training
Ryan White Programs

HIV Tobacco Cessation Program
MI Drug Assistance/Insurance Assistance Programs Unit
Ryan White MIDAP Clients
A combination of staff contribute to achieving all QMP of the Quality Management Work Plan activities, and are considered integral to the continuation and success of MDHHS’ Part B and D quality efforts. HCPS Core QI staff include the following:

- Quality Assurance and Training Unit’s: Manager, Part B QM Coordinator, Part D/Michigan Drug Assistance Program (MIDAP) Quality Assurance (QA) Coordinator, CAREWare Data Analyst and Technician, and HIV Care Trainers
- Continuum of Care Unit’s: Manager, Part B Coordinator, Part D Coordinator, EIS Coordinator, and HIV Clinical Nurse Consultant
- Michigan AIDS Drug Assistance Program (MIDAP)/Insurance Assistance Program (IAP) Unit’s: Manager, MIDAP Coordinator, MIDAP Data Coordinator, and MIDAP clients
- Operations Monitoring Unit’s: Grants and Contracts Administrator and Grants and Contracts Technician
- Michigan Dental Program (MDP): Oral Health Director, and Financial and Reports Analyst
- Leadership: HCPS Section Manager
- RW Parts B and D subrecipients, inclusive of medical clinics and Community Based Organizations (CBO)
- Stakeholders: RW consumers, Michigan HIV/AIDS Council (MHAC), Southeast Michigan HIV Advisory Council (SEMHAC), Health Resources & Services Administration (HRSA) HIV/AIDS Bureau (HAB), MDHHS DHSP, U.S. Centers for Disease Control and Prevention, Michigan RW Parts A, B, C, D, F
- MDHHS HIV Surveillance: HIV Epidemiologists

The HCPS Core QI staff, comprised of various staff outlined above, are responsible for:

- Developing and updating an integrated QMP that includes annual quality goals
- Determining HRSA HAB performance measures (PM) that align with annual goals to be reported from recipient and subrecipient levels, and adjusting PM thresholds, as appropriate
- Extracting and reviewing PM data quarterly to identify possible gaps and disparities in health outcomes and/or training opportunities
- Improving HIV Care processes based on subrecipient and client input
- Assisting with provision of internal and external QM training
- Researching, creating, and implementing improvement strategies and interventions to improve health outcomes along the HIV Care Continuum
- Providing support to the Quality Coordinators in implementing and/or completing all QMP work plan activities
- Examining gaps in quality and exploring supplemental data collection techniques (either qualitative or quantitative)
- Integrating the QI plan with the Integrated Plan

The Quality Coordinators are responsible for:

- Co-leading the HCPS Core QI staff communication and encounters, monitoring and training staff as needed;
- Coordinating the development, testing, and implementation of recipient and subrecipient performance measures;
- Monitoring subrecipient PM data on a quarterly basis; providing QM technical assistance (TA), as needed
- Communicating quality issues with HCPS leadership and the Core QI team, and working together to address challenges;
• Reviewing and updating the integrated QMP annually;
• Providing CQM content for federal RW grant applications, reports, or monthly monitoring calls;
• Keeping abreast of QI techniques and ideas and their feasibility and potential effectiveness across subrecipient agency network; and
• Researching, creating, or promoting improvement strategies and interventions to improve health outcomes along the HIV Care Continuum (inclusive of direct services provided internally by MIDAP and the MDP, as well as direct services provided externally by MDHHS subrecipients)

To encourage continuous QI, HCPS requires all RW Parts B and D subrecipients to:
• Provide PM data via CAREWare data entry due by the 10th of each month;
• Submit quarterly progress reports (QPR), including quantitative and narrative updates;
• Examine quality data quarterly and report subsequent QI activities via QPR;
• Focus improvement efforts by completing Plan-Do-Study-Act (PDSA) cycles in areas of underperformance (when goals are not met);
• Create, maintain, and update annually local QMPs and submit to MDHHS by December 31; and
• Incorporate client input into service delivery and QI activities, when possible

CAPACITY BUILDING

The Quality Coordinators will attend professional conferences, such as those offered by the National Quality Center (NQC) such as Training of Quality Leaders and Training of Trainers, to increase their knowledge and to network with other RW grantee quality managers. The Quality Coordinators and core QI staff will build capacity of internal HCPS staff, subrecipient partners, and consumers through training opportunities. Capacity building needs will be determined through QM surveys and feedback from subrecipients. Orientation for newly hired HCPS staff has been adapted to include three of the Beginner NQC Quality Academy tutorials. Quality Coordinators will also provide quality TA as needed for subrecipients, especially with local QMP development and CAREWare performance data utilization. The Quality Coordinators will communicate the importance of subrecipient QM efforts in contributing to the development of the state and local HIV Care Continuums. Quality Coordinators and subrecipients will use this information to identify gaps along the care continuum and drive future QI activities to ensure that services are targeted appropriately and effectively, with the aim of reducing local disparities.

PERFORMANCE MEASUREMENT

Selection: Current PM1 were selected by the QM committee members, and by the direct service programs (MIDAP and MDP). QM Coordinators researched HRSA HAB performance measures and presented specific measures for consideration based on 1) the services currently provided by subrecipients, and 2) the Core measures emphasized in the Parts B and D grants. Threshold revisions occurred in 2017 and were based on input from subrecipient agency staff, actual performance, and the NHAS 2020 goals. The following were revised: HIV Viral Load Suppression goal was increased from 80% to 85%, Prescription of ART goal increased from 80% to 90%, and Gap in HIV Medical Visits goal was reduced from 25% to 15%.

HCPS will regularly present PM data to subrecipients and other stakeholders, as applicable, and obtain their input in the selection of additional PM. In 2016, the MDP, a direct service program

1 See Appendix A for performance measure numerator, denominator, & data element details.
housed internally, added a measure regarding client utilization of oral health services and will continue to report on this measure in addition to viral load suppression.

**Reporting:** PM data will be reported in CAREWare by subrecipients across the state by the 10th of each month. The MIDAP team is responsible for documenting and submitting data for the reportable ADAP performance measures. Similarly, the MDP is responsible for documenting and submitting oral health service PM. Quality Coordinators monitor PM on a quarterly basis, analyze the data, identify areas of underperformance, make recommendations for quality improvement and subsequently monitor progress, and prepare individual and aggregate QM reports. Aggregate reports will be presented or disseminated to the planning body, core QI staff, HIV Care leadership, funded subrecipient staff, and other relevant stakeholders. Continuous validation checks are performed via review of monthly data reports and during site visits to ensure consistent reporting across client medical records and CAREWare files. To supplement the validation process for viral load suppression data, HIV Surveillance lab data is imported into CAREWare instead of the manual data entry of these lab values.

**List of Performance Measures:**

Tables 1 – 3 depict performance measurement progress starting in 2013 for Ryan White Parts B and D, MIDAP, and MDP. Goals were initially developed from baseline data, and then revised, as reported in the 2015-2016 QM Plan as a necessary update activity. The revisions occurred in 2017 and were based on input from subrecipient agency staff, actual performance, and the NHAS 2020 goals. The following were revised: HIV Viral Load Suppression goal was increased from 80% to 85%, Prescription of ART goal increased from 80% to 90%, and Gap in HIV Medical Visits goal was reduced from 25% to 15%. Additionally, MIDAP increased Determination goal from 80% to 85%, and MDP decreased Utilization goal from 75% to 53%, taking into account the most recent Update.

<table>
<thead>
<tr>
<th>Table 1. Parts B and D Performance Measure Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Measure</strong></td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
</tr>
<tr>
<td>HIV Viral Load Suppression:  Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
</tr>
<tr>
<td>Prescription of ART:  Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year</td>
</tr>
</tbody>
</table>
### Performance Measure

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Goal</th>
<th>Part B</th>
<th>Part D</th>
<th>Revised B and D Goal (17-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gap in HIV Medical Visits: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.</td>
<td>&lt;25%</td>
<td>22.5%</td>
<td>22.3%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

### Table 2. MIDAP Performance Measure Progress

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Goal</th>
<th>MIDAP only: MIDAP Determination: Percentage of MIDAP applications approved or denied for new MIDAP enrollment within 14 days (two weeks) of MIDAP receiving a complete application in the measurement year</th>
<th>MIDAP Formulary: Percentage of new HIV anti-retroviral drugs will be added (included) to the ADAP formulary within 90 days of the date of FDA approval during the measurement year</th>
<th>MIDAP Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDAP only: MIDAP Determination:</td>
<td>80%</td>
<td>94.12%</td>
<td>83.16%</td>
<td>99.8%</td>
</tr>
<tr>
<td>MIDAP Formulary:</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>MIDAP Viral Load Suppression:</td>
<td>80%</td>
<td>83.45%</td>
<td>82.42%</td>
<td>87.68%</td>
</tr>
</tbody>
</table>

### Table 3. MDP Performance Measure Progress

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Goal</th>
<th>MDP Viral Load Suppression: Percentage of active MDP clients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year</th>
<th>MDP Utilization: Percentage of active MDP clients, regardless of age, that utilized at least one MDP service during the measurement year</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDP Viral Load Suppression:</td>
<td>80%</td>
<td>79.98%</td>
<td>88.24%</td>
</tr>
<tr>
<td>MDP Utilization:</td>
<td>75%</td>
<td>32.4%</td>
<td>60.2%</td>
</tr>
</tbody>
</table>

HCPS modified the PM listed in Table 1 to reflect Part-specific and RW service-specific outcomes, in order to better align with the outcome measures outlined by HRSA on the Part B Implementation Plan. An additional modification was implemented in November 2016 to recognize eHARS imported Viral Load and CD4 Count Lab values as proxies for medical visits.
**SUBRECIPIENT QUALITY MANAGEMENT**

The Quality Coordinators monitor subrecipient performance through annual site visits, review of quarterly progress reports and monthly data submissions, and provision of TA, including feedback on local QMP development and implementation. During the FY14-15 site visit cycle, Quality Coordinators tested a QM pilot tool that assessed appropriate documentation of select performance measures in CAREWare and client files. During FY15-16 (full Part D site visits occurred, whereas Part B site visits were waived), the QM tool was expanded to include a comprehensive assessment of subrecipients’ QM infrastructure, adherence to deadlines, inclusion of required QM plan components, PM documentation, and communication methods with internal and external stakeholders. This expanded tool was provided to each Part B subrecipient and was discussed via one-on-one QM agency visits that occurred between November 2016 and May 2017 in preparation for the FY16-17 site visit season.

Based on the information presented at the initial QM Subrecipient Subcommittee meeting in January 2016 and again at the Cross-Parts QM Symposium in April 2017, subrecipients will use epidemiological data to enhance communication and collaboration between agencies. The goal is to conduct local QI initiatives to improve the bars of the HIV Care Continuum, particularly targeting individuals who are out of care. Contractual obligations related to QM will again be revisited and possibly expanded to ensure mention of continuous QI initiatives, evaluation of QM infrastructure, and involvement of consumers in QI activities.

**QUALITY IMPROVEMENT**

Subrecipients funded for Outpatient Ambulatory Medical Care (OAMC) or Medical Case Management (MCM) are responsible for providing PM data regarding viral load suppression, prescription of antiretroviral therapy, and gap in HIV medical visits via CAREWare data entry and progress reports. Subrecipients funded for RW support services are responsible for reporting gap in HIV medical visits. Subrecipients will report any QI activities to the respective Quality Coordinators within QPR. Quality Coordinators will work with subrecipients whose PM results do not meet the established goal or threshold as specified in work plans. Quality Coordinators will provide TA (e.g., Model for Improvement methodology which includes PDSA cycles) to facilitate QI.

**HCPS QI Project Updates:**

In November 2016, the Parts B and D programs underwent PM modification to incorporate the imported eHARS lab values – viral loads and CD4 counts – into CAREWare, and include those values as proxies for client medical visits. These modified measures are monitored on a quarterly basis. The Quality Coordinators supplement this process by providing individualized TA, as needed, to help subrecipients better understand the purpose and practical use of PM reporting.

Contracts require the current month’s data to be entered into CAREWare by the 10th of the following month. The Quality Coordinators work with Program Coordinators, CAREWare Data Analysts, and subrecipients in this QA activity in order for data to be entered successfully and in a timely manner for federal reports that occur throughout the year. This activity involves MDHHS CAREWare Data Analysts running reports of subrecipient’s CAREWare data after the 10th of each month, and Quality Coordinators reviewing for late entry. Subrecipients not meeting timeliness requirement are offered TA and other support to meet their contractual agreement. Also discussed are possible events affecting data entries, such as staffing changes or service delivery methods, and resulting improvement activities aimed at complete and timely data.
submission. HCPS staff will continue to monitor subrecipient data submissions, and discussing
data entry timeliness is now part of the QM Tool used at annual site visits.

CAREWare service and subservice terminology was first standardized and implemented in
October 2014. Based on subrecipient feedback, HCPS staff incorporated additional subservices
in August 2015 and August 2016, with implementation effective at the beginning of the
respective contract year, i.e., October 1. Ongoing feedback was collected and reviewed
annually for incorporation into the Michigan Standards of Care Appendix A (a glossary of
CAREWare services and subservices). Careful consideration was taken with suggested
changes or additions that may impact federal reporting and PM outcomes. This feedback and
revision process to update CAREWare service and subservice terminology will continue each
year.

In FY16, the Part D/MIDAP QA Coordinator worked with the Pharmacy Benefits Manager (PBM)
and the MIDAP Client Support Representative to conduct a QI project investigating the reasons
for non-utilization of HIV medications by MIDAP clients. On a quarterly basis, the PBM reported
the clients who had not utilized services during a three-month timeframe. These clients were
contacted to inquire reasons for their non-utilization patterns and to link them to case
management, and other core medical and support services, as needed. Results from two cycles
of this study demonstrated that the majority of MIDAP clients on the non-utilizer list were picking
up their medications. In the majority of these cases, clients were inaccurately categorized as
non-utilizers because the PBM was not notified when the client paid out-of-pocket or had a zero
copayment. An item that is currently being explored is developing a mechanism for pharmacies
to account for these clients and ultimately improve accuracy of non-utilizer reports.

During FY16, Quality Coordinators presented an alternate way to collect consumer satisfaction
feedback by using the Ideal Visit Mapping Project, a method used by New York State
Department of Health AIDS Institute in which a one-page collection tool allows clients to record
their reactions to each element or ‘stage’ that makes up a visit. The collection is done in real-
time during the visit to pinpoint where in the service delivery process patients react and why.
With this information, an organization may be able to identify areas of service delivery that need
improvement.

In May 2016, Quality Coordinators offered to aid agencies in the planning, material design, and
analysis of this project. Two agencies, Ingham County Health Department (ICHD) and Munson
Medical Center’s Thomas Judd Clinic (Munson), were interested in implementing this project at
their respective locations in Lansing and Traverse City. Quality Coordinators met with the
agencies to custom-design the survey forms and display banners during implementation in the
fall of 2016. Analysis showed that both agencies received positive and programmatically
constructive feedback. Analysis was shared with internal staff (and ICHD’s consumer advisory
board) to determine office flow improvements focusing on the “stage” with lowest resulting
scores, which included Wait Room (ICHD) and Pre-Visit Communication (Munson). Ideal Visit
Mapping templates will remain as available MDHHS QM tools for agencies to obtain consumer
feedback.

The MDHHS Quality Coordinators initiated discussions with two other RW grantees (Part A and
Part C) in February 2017 to plan, organize, and facilitate a statewide RW A-D QM Symposium
on April 25, 2017. Lead quality staff from Parts A, B, C, and D recipient and subrecipient
agencies attended, resulting in approximately 40 total attendees from across the state. This
symposium served as a venue for RW colleagues to discuss Michigan’s progress on the 2020
NHAS indicators, best practices, and opportunities to enhance consumer involvement in quality
initiatives, data utilization strategies to improve viral load suppression rates, subrecipient agency progress on PM, and local agency care continuums. Four breakouts groups covering topics of consumer involvement in QI, social media strategies to improve client engagement in care, staff engagement in QI, and improving data quality were part of the agenda.

All RW B and MDHHS RW D subrecipient agency attendees began an Unsuppressed Cohort activity at the QM Symposium, and were tasked with completing it by July 2017. This activity encouraged development of QI strategies to improve viral load suppression rates among unsuppressed clients using analytical data, and reporting a summary to MDHHS. A total of fourteen RW B/D agencies submitted results, of which eleven agencies successfully reported reductions in their number of unsuppressed clients (from the original cohort). Strategies used included: increased frequency of contact using various methods (phone, text, social media) with youth-aged clients, attended medical visits with clients, facilitated referrals more quickly, utilized pharmacy programs that deliver clients’ daily medications in individual pockets with daily instructions, maintained communication with clients regardless of which medical clinic is currently attended, collaborated with the local health department and hospitals to offer clients same-day medical appointments or lab draws, reviewed and categorized (Knowledge, Skills, Motivation) individual client barriers at monthly case conference meetings, MCM contacted clients every other day and recorded any reported missed medications doses, incentivized viral load suppression efforts with CVS gift cards, referred to adherence groups and early intervention services and adjusted care plans via increased pharmacy communication, transitioned from non-medical case management (NMCM) back to MCM services, and sent cohort clients letter from agency Vice-President to check in on their care and invite to client appreciation ice cream social event as a way to maintain connection with agency staff.

**ENGAGEMENT OF STAKEHOLDERS**

To keep stakeholders updated and engaged, HCPS will provide information on statewide data, program implementation, best practices, QM activities, and feedback on suggestions. In return, HCPS will solicit input regarding annual QMP/goals, PM, planning for new programs and evaluating existing programs. This will be gathered at in-person meetings, via surveys, or review of relevant materials and will be incorporated into the QM Program decision-making.

**Planning Bodies**

HCPS will maintain a collaborative relationship with HIV planning bodies that include clients who are most impacted by HCPS RW programs. The QM coordinators plan to present on the QMP and quality indicators to the planning body for feedback. As needed, ad-hoc committees within the councils will be used to get feedback and input.

**Subrecipients**

The HCPS Core QI staff are committed to incorporating stakeholder input in its efforts to improve the quality of RW services throughout Michigan. The QM Coordinators have established a QM Subrecipient Subcommittee, composed of staff from funded providers who regularly engage in QM activities at their organization. The objective is to strengthen cross-parts collaboration with subrecipient agencies and provide subrecipients with the opportunity to discuss best practices across the state to improve the bars of the HIV Care Continuum. In FY16, three meetings as well as the QM Symposium in April 2017 were offered to RW B/D local subrecipient quality lead staff to attend. Also, a satisfaction survey is administered to assess satisfaction of HCPS services provided to subrecipients.
Subrecipients are all contractually required to conduct QI activities based on PM and gather input from their clients at the local level. This may be done through an agency-level community advisory board, annual satisfaction surveys, suggestion boxes, etc. In doing this, they must ensure that clients are informed and involved throughout the process. Input from subrecipients and their clients will be reported to the core QI staff and incorporated into integrated RW Parts B and D QM Program.

**Consumers**

**Annual Satisfaction Surveys**
For programs implemented directly by HCPS (MIDAP and Michigan Dental Program), annual satisfaction surveys are conducted to gain client input on service delivery and other program components.

**Consumer Quality Training Curriculum Development**
The Quality Coordinators will collaborate with the HIV Care Trainers to develop a Quality Training curriculum geared specifically toward consumers. Michigan’s RW Part A colleagues may be consulted, as they began providing this type of training in early 2017. The NQC Training on Quality for Consumers manual will be used as a guide in the curriculum development process. The goal is to develop a one-day training curriculum by March 31, 2018, and to then offer this training to interested subrecipient agencies’ RW clients, including Consumer Advisory Board members or less formal consumer group gatherings.

**Part D Consumer Advisory Group**
During FY15, The RW Part D Coordinator worked with Wayne State University’s Sinai Grace clinic to re-invigorate a women’s consumer advisory group (CAG) in Southeast (SE) Michigan. This group is comprised of women who access RW Part D funded services in the SE Michigan area as well as providers who deliver RW Part D funded services to these consumers. The objective of this group is to serve as a consumer feedback mechanism for the RW Part D program in SE MI; however, the information provided by this group may be applied and utilized across all Ryan White Parts. While in its early stages, the RW Part D staff are developing a formal process to use the information derived from this group to continuously improve the quality of HIV care services provided to consumers of the RW Part D program. This group meets monthly and is in the process of creating a member manual, and guidance for what is expected as a member of this group.

**Contribution of Quality Content to DHSP Newsletter (currently in development)**
Although a new development, Quality Coordinators will collaborate with editors of the DHSP Newsletter (which is currently in development) to ensure that aggregate quality data or resources could be regularly incorporated. A dossier of possible QM content for the Newsletter will be established. Quality Coordinators will collaborate with the Program Coordinators and Trainers to identify common service-specific issues and possible solutions as reported by funded agency staff. Also, Quality Coordinators may consider subrecipients’ QI success stories (or challenge stories) as possible content for the Newsletter.

**PROCEDURES FOR UPDATING QM PLAN**
The Quality Coordinators, in conjunction with the HCPS Core QI staff, will review the QM plan annually to determine if items such as goal suitability, work plan activities’ progress, and feasibility remain relevant. Revisions will be made, including the overhaul of specific activities outlined in the work plan, as well as Annual Quality goals. The updated QMP will undergo
HCPS review and approval, then be submitted to respective HRSA Ryan White Programs (Part B and Part D).

**COMMUNICATION**

The Quality Coordinators will annually share the updated HCPS QMP and aggregate PM data with stakeholders, including the planning bodies. Quality Coordinators and respective Program Coordinators will communicate with each other regarding identified subrecipient data issues. Quality Coordinators will contact funded subrecipients quarterly to discuss individual performance data and QI activities, as needed. Quality Coordinators will collaborate with editors of the future DHSP Newsletter to ensure that aggregate Quality data or resources are regularly incorporated. Quality Coordinators will routinely update staff on activities and initiatives at Section and Division meetings.

**EVALUATION**

Evaluation activities will be led by the Quality Coordinators and will also involve HCPS Core QI staff. In adherence to HRSA Policy Clarification Notice #15-02, the QM program will be evaluated annually through assessment of three broad areas: 1) quality infrastructure effectiveness, 2) QI activities’ success in meeting annual quality goals, and 3) performance measure appropriateness and achievement. The Organizational Assessment tool will be utilized for this annual evaluation process.

Organizational Assessment results will be compared to those of previous years; the resulting lowest scoring areas will help determine where attention is needed for the upcoming year. The expectation is that OA scores will increase over time as the Michigan QM program becomes well-established. Therefore, each year’s OA results will feed into the next year’s QM plan and quality activities. If QMP goals or aggregate PM thresholds are not met, they will be reviewed to identify challenges/barriers; goals may be revised or realigned and efforts will be continued the next year to meet the targets. If goals were reached, the focus will shift to sustaining those goals. As outlined in the PM section, goals will be revised based on: each year’s actual performance, input from subrecipient agencies as well as Program staff, and consideration of national HIV/AIDS outcome goals.

In March 2017, the Part B OA results showed that areas of improvement included sharing of quality data and evaluation results with key stakeholders, including planning bodies. In May 2017, the Quality Coordinators presented Part-specific aggregate quality data and evaluation results to MHAC members, and will continue to share this information and obtain their feedback by maintaining communication with the Community Planner in order to ensure continued QM participation in the quarterly planning body meetings.
### QUALITY MANAGEMENT WORK PLAN

<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure/Method</th>
<th>Person(s) Responsible</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. ORGANIZATIONAL ASSESSMENT: To what extent does the recipient have an effective CQM infrastructure to oversee, guide, assess, and improve the quality of HIV services provided by subrecipients? (A2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Hold HCPS Core QI staff meetings to review respective RW program’s aggregate and individual subrecipient (by service category) PM data | - # of meetings held  
- # of PM data reviews as part of subrecipient progress report reviews | Core QI staff – may include Quality Coordinators, Program Coordinators, MDHHS Data Analysts, CoC & QAT Managers, HCPS Manager | Quarterly |
| 2. Convene Subrecipient Subcommittee Meetings | - # of Subrecipient Subcommittee meetings convened  
- # of represented agencies in attendance  
- # of meeting evaluations conducted | Quality Coordinators | Semi-annually |
| 3. Share MDHHS QMP and Part-specific PM data reports with stakeholders | - # of informational shares (QMP, aggregate PM reports) with planning bodies  
- Ensure revised QM Plan is publicly accessible via HCPS webpage | Quality Coordinators | Annually (PM and QMP) |
| 4. Monitor individual subrecipient quality improvement progress | - Completion of subrecipient QPR review, including narrative reported in Period Summary and Evaluation Results sections | Quality Coordinators | Quarterly (January, April, July, October) |
| 5. Subrecipient reporting of applicable PM data | - # of individual subrecipient PM data submissions | Subrecipients | Quarterly |
| 6. Review subrecipient data entry of subservices in CAREWare after the 10th of each month, and identify changes in subservice and client counts over time | - Completion of CAREWare financial reports (by agency, by RW Part)  
- Completion of subrecipient financial report reviews, and resulting communication to subrecipients with identified data entry issues | Data Analysts  
Quality Coordinators, Program Coordinators | Monthly  
Quarterly or as-needed |
| 7. Assess satisfaction of RW clients, subrecipients, and internal staff | - # of satisfaction surveys received from clients (MDP and MIDAP), subrecipients, and internal RW staff | Quality Coordinators, Intern | Annually |
| 8. Review QM components at subrecipient site visits | - # of subrecipient site visits conducted in which QM Components were reviewed | Quality Coordinators | Annually (per subrecipient) |
### Activities

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</tr>
</thead>
<tbody>
<tr>
<td><strong>B. ORGANIZATIONAL ASSESSMENT:</strong> To what extent are recipient and subrecipient staff routinely engaged in QI activities and provided training to enhance knowledge, skills, and methodology needed to fully implement QI work on an ongoing basis? (B1)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Include basic NQC QM tutorials as part of newly hired HCPS staff orientation | Successful completion by newly hired staff of the following three NQC Quality Academy Tutorials:  
   #2 What is Quality? (Beginner)  
   #3 The Ryan White Program and its Expectations for Quality (Beginner)  
   #25 Introduction to the HAB Measures (Intermediate) | HCPS managers, Newly hired staff                                             | Ongoing                    |
| 2. Ensure all MDHHS RW staff actively continue QI education               | Participation in at least two hours of training in QI methodology or principles (additional NQC Quality Academy Tutorials, or monthly Quality webinars recommended by Quality Coordinators) | All MDHHS RW staff, Administrative support staff                          | Annually                   |
| 3. Provide QM training internally and externally                           | Conduction of QM trainings:  
   - Internally via one-on-one new staff orientation session, or  
   - Externally at subrecipient agencies via in-person visit, conference call, or online meeting | Quality Coordinators                                                     | As requested               |
<p>| 4. Provide quality TA to subrecipients                                     | # of QM TA sessions provided                                                 | Quality Coordinators                                                   | As requested               |
| 5. Review and provide feedback of subrecipient QMP updates                 | Provision of subrecipient QMP feedback via one-on-one in-person visit, phone call, webinar, or electronic mail | Subrecipients, Quality Coordinators                                     | Annually                   |
| 6. Provide performance measure data feedback to individual subrecipients as part of QM monitoring | # of individual subrecipient feedbacks given no more than 30 days after report submission due date | Quality Coordinators, Program Coordinators, CoC Manager                  | Quarterly (February, May, August, November) |
| 7. Contribute QM aggregate data or resources for the currently in-development DHSP newsletter | # of newsletters containing QM data or resources                             | Quality Coordinators, DHSP Newsletter Editors                           | Dependent on development timeline of DHSP Newsletter  |
| 8. Recognition of subrecipient QI efforts                                  | Successful selection and distribution of awards for recognition of QI efforts at | Quality Coordinators, HIV Care Trainers and/or Conference Planning team | Annually                   |</p>
<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure/Method</th>
<th>Person(s) Responsible</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>aimed at decreasing HIV Care Continuum gaps</td>
<td>annual Michigan HIV/STD Conference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 9. Standardization of CAREWare subservices adjusted based on subrecipient feedback on subservice gaps | - # of subrecipients who provided feedback on subservice gaps  
- Completion of Standards of Care Appendix A revision based on suggestions from subrecipient community | Subrecipients, Program Coordinators, Data team, Quality Coordinators     | By October 1 every year    |

C. ORGANIZATIONAL ASSESSMENT: To what extent are consumers effectively engaged and involved in the Part B program’s HIV CQM program? (E1)

1. Conduct Annual Client Satisfaction Surveys  
   - # of Client Satisfaction surveys (MIDAP, MDP) conducted  
   Quality Coordinators, MIDAP Staff, MDP Staff, Intern  
   Annually

2. Participate in Part D CAG in SE Michigan  
   - # of CAG meetings attended and actively participated in  
   - Incorporation of CAG feedback to improve quality of services provided to consumers of RW Part D Program  
   Part D Coordinator, Part D/MIDAP Quality Coordinator  
   Monthly

3. Obtain suggestions/feedback on service-specific data or service delivery (a service in which issues have been identified, or has had a pattern of low performance)  
   - Record of service-specific suggestions or feedback from people living with HIV and/or people providing direct HIV services (all of which are current MHAC members)  
   MHAC Community Planner, MHAC members, Quality Coordinators  
   As needed

4. MIDAP will monitor PBM non-utilization rate (includes clients who have not filled a prescription using MIDAP coverage in three months)  
   - PBM non-utilization rates will decrease by 10%  
   - # of MIDAP clients on non-utilizer list provided by PBM  
   - # of clients accurately identified as true non-utilizers  
   MIDAP/Part D Quality Coordinator, MIDAP Coordinator, MIDAP Data Coordinator  
   Quarterly

5. Revise subrecipient contract/work plans so that guidelines for consumer involvement in subrecipient’s QM program, in accordance with PCN 15-02, are given to MDHHS HIV Care subrecipients  
   - Subrecipient work plans will contain an additional item regarding agency’s progress on consumer-engagement activities  
   Quality Coordinators, Program Coordinators, CoC Manager, Operations staff  
   Estimated Spring 2018 (during subrecipient work plan development period for contract year 18-19)
<table>
<thead>
<tr>
<th>Activities</th>
<th>Measure/Method</th>
<th>Person(s) Responsible</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Establish a Quality Training for Consumers curriculum</td>
<td>- Completion of curriculum for Quality training designed for Consumers of HIV care services</td>
<td>Quality Coordinators, HIV Care Trainers</td>
<td>By 3/31/18</td>
</tr>
<tr>
<td><strong>D. ORGANIZATIONAL ASSESSMENT: To what extent is there a process in place to evaluate the HIV program’s infrastructure, performance measures, and QI activities? (F1)</strong></td>
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<tr>
<td>1. Conduct an Organizational assessment (either Part B or D), including assessment of QM infrastructure via criteria involving core QI staff</td>
<td>- Individual staff completion of NQC Organizational Assessment (Part B or Part C/D), and subsequent discussion to determine one set of integrated QA scores</td>
<td>HCPS leadership, Quality Coordinators, and/or an objective individual that is qualified to assess QM Programs, e.g. NQC Consultant</td>
<td>Annually</td>
</tr>
<tr>
<td>2. Share evaluation results with key stakeholders</td>
<td>- Sharing of MDHHS Organizational Assessment results with planning bodies</td>
<td>Quality Coordinators, Program Coordinators, HCPS Leadership, MHAC Community Planner</td>
<td>Annually</td>
</tr>
<tr>
<td>3. Revise contractual language so that it codifies how MDHHS HIV Care subrecipients evaluate their QM infrastructure</td>
<td>- Contractual Special Requirements will contain additional language that provides guidance on how to assess QM infrastructure by utilizing Section A of Organizational Assessment</td>
<td>Quality Coordinators, Operations staff, HCPS Leadership</td>
<td>Spring 2018 (during subrecipient contract language development period for contract year 18-19)</td>
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</tbody>
</table>
### MDHHS Summary of Performance Measures – Part B

<table>
<thead>
<tr>
<th>Service Category</th>
<th>CW Label</th>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Relevant Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIS Med CM Non Med CM Outpt./Ambulatory</td>
<td>1BEIS 1BMCM 1BNMCM 1BO/A</td>
<td>HIV VIRAL LOAD SUPPRESSION 1. Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, at least one Part B service, and at least one specified service [see CW Label] in the measurement year</td>
<td>Last Quantitative Lab Value HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed</td>
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<tr>
<td>EIS Med CM Outpt./Ambulatory</td>
<td>2BEIS 2BMCM 2BO/A</td>
<td>PRESCRIPTION OF HIV ART 2. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year</td>
<td>Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, at least one Part B service, and at least one specified service [see CW Label] in the measurement year</td>
<td># of ARV active ingredients HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed</td>
</tr>
<tr>
<td>Emerg Finan Assist. Foodbank HERR HealthInsPremHIPCA Housing Linguistic Med CM Med Nutr. Therapy Med Transport Mental Health Outpt./Ambulatory Psychosocial Supp Subst. Abuse</td>
<td>4BEFA 4BFB 4BHERRO 4BHPACA 4BH 4BL 4BMCM 4BMNT 4BMT 4BMH 4BO/A 4BPS 4BSA:O</td>
<td>GAP IN HIV MEDICAL VISITS 4. Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year</td>
<td>Number of patients in the denominator who did not have a medical visit or VL/CD4 in the last 6 months of the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit or VL/CD4 in the first 6 months of the measurement year, and at least one Part B service, and at least one specified service [see CW Label] in the measurement year Gap excludes clients that died during measurement year</td>
<td>HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status</td>
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</table>
# MDHHS Summary of Performance Measures – Part D

<table>
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<tr>
<th>Service Category</th>
<th>CW Label</th>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Relevant Data Elements</th>
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</thead>
<tbody>
<tr>
<td>Med CM</td>
<td>1DMCM</td>
<td>HIV VIRAL LOAD SUPPRESSION 1. Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, at least one Part D service, and at least one specified service [see CW Label] in the measurement year</td>
<td>Last Quantitative Lab Value, HIV Positive, Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed</td>
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<tr>
<td>Non Med CM</td>
<td>1DNMCM</td>
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<tr>
<td>Outpt./Ambulatory</td>
<td>1DO/A</td>
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<td></td>
<td></td>
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<tr>
<td>Med CM</td>
<td>2DMCM</td>
<td>PRESCRIPTION OF HIV ART 2. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year</td>
<td>Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit or VL/CD4, at least one Part D service, and at least one specified service [see CW Label] in the measurement year</td>
<td># of ARV active ingredients, HIV Positive, Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed</td>
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<tr>
<td>Outpt./Ambulatory</td>
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<tr>
<td>HERR</td>
<td>4DHERR</td>
<td>GAP IN HIV MEDICAL VISITS 4. Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year</td>
<td>Number of patients in the denominator who did not have a medical visit or VL/CD4 in the last 6 months of the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit or VL/CD4 in the first 6 months of the measurement year, and at least one Part D service, and at least one specified service [see CW Label] in the measurement year</td>
<td>HIV Positive, Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed</td>
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<td>Linguistic</td>
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<td>Vital Status</td>
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<td>Med CM</td>
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<tr>
<td>Med Nutr. Therapy</td>
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<td>Med Transport</td>
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<td>Mental Health</td>
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<tr>
<td>Outpt./Ambulatory</td>
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<td>Psychosocial Supp</td>
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